

STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

priority dated
Amnd
8-24-2004
per JML Kay

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: No changes

FOR OFFICE USE ONLY

CHANGE No. CS3-#28437J WRIA 32

DATE ACCEPTED 7 / 23 / 01 BY K.S.

FEE \$ \$10.00 REC'D 5 / 4 / 2001

CHECK No. 14190

SEPA: ☒ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>E.G. Lindemann</u>	PHONE NO. <u>(509) 529 2642</u>	FAX NO. <u>()</u>
ADDRESS <u>210 SE Lamperti Street W</u>		
CITY <u>College Place</u>	STATE <u>Wn.</u>	ZIP CODE <u>99324</u>

CONTACT NAME (IF DIFFERENT) <u>8-27-2004 Assigned to:</u>	CITY <u>Walla Walla</u>	FAX NO. <u>()</u>
ADDRESS <u>Klova G. Beck</u>	ZIP CODE <u>99324</u>	
CITY <u>Walla Walla</u>	ZIP CODE <u>99324</u>	

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>666 Water # 19075</u>	RECORDED NAME(S) <u>E.G. Lindemann</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>WW ADJ. CERT. NO. 437 per phone w/ Lindemann 7/11/01 EN</u>	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. WW Adj. cert # 437 CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Spring Creek	3	NW	SW	11	6N	35E		
East Spr. Branch	lot 1			14	6	35	(1N 14E 35E)	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
East Spr. Branch		NW¼	SW¼	11	6	35		
(E. Little Wm River)								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Pasture	7 sprinkler	9:39	
"	56:10	"	Pasture Apr. 1 - July 1
"	42.1872	"	July 1 to Oct 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SW	11	6N	35E	Wade Wagon		9.39

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

Change 100 from ditch diversion in Oregon to current pump location with authorized P.O.U.
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>E.A. Lindemann</u> (Applicant)	<u>4 / 30 / 01</u> (Date)
<u>E.A. Lindemann</u> (Water Right Holder)	<u>4 / 30 / 01</u> (Date)
<u>Mary Lindemann</u>	<u>5-2-001</u>
<u>E.A. Lindemann</u> (Land Owner(s) of Existing Place of Use)	<u>4 / 30 / 01</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

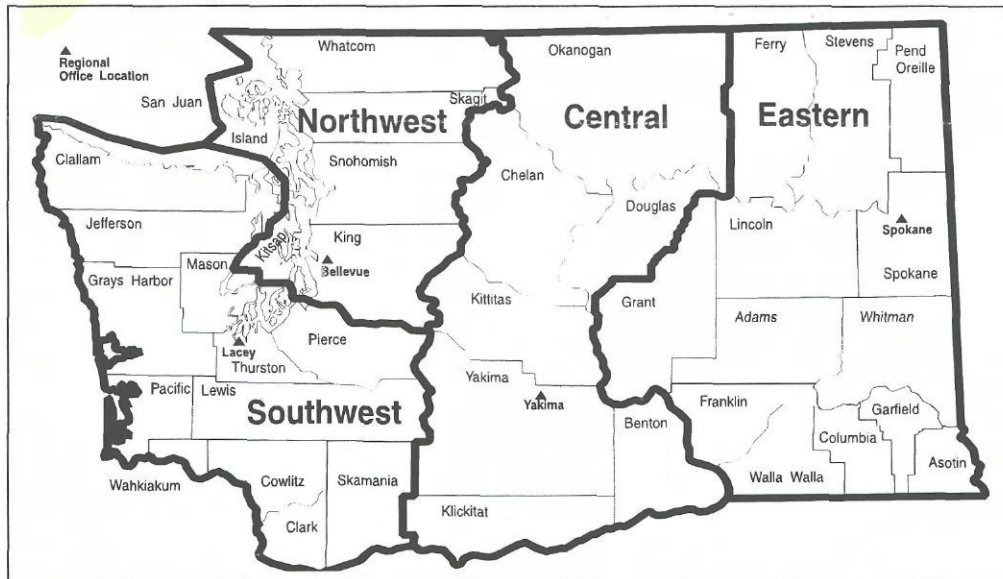
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|--|
| <input checked="" type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input checked="" type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input checked="" type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input checked="" type="checkbox"/> SECTION <u>2,3,4,5</u> IS INCOMPLETE |
| <input checked="" type="checkbox"/> OTHER/EXPLANATION: <u>INCOMPLETE APPLICATION - RETURN</u> | |

STAFF: [Signature] DATE: 4 / 20 / 01

IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology
Central Regional Office
15 W. Yakima Avenue, Suite 200
Yakima, WA 98902
Telephone: (509) 575-2490

Department of Ecology
Eastern Regional Office
N. 4601 Monroe, Suite 202
Spokane, WA 99205-1295
Telephone: (509) 456-2926

Department of Ecology
Northwest Regional Office
3190 - 160th Avenue SE
Bellevue, WA 98008-5452
Telephone: (425) 649-7000

Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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